

MARYLAND DEPARTMENT OF JUVENILE SERVICES



SECRETARY'S DIRECTIVE

OPI: Office of Restorative Justice Operations
NUMBER: CJ-1-03
EFFECTIVE DATE: December 23, 2003
SUBJECT: Aftercare Policy
APPLICABLE TO: Restorative Justice Operations Staff

(Page 1 of 8)

1. **PURPOSE AND SCOPE.** The Secretary of the Department of Juvenile Services (DJS) establishes this Aftercare Policy Directive to set forth standard procedures and a protocol for staff to follow when providing aftercare services to DJS youth and families. Aftercare programs and services shall be designed to assist in the adjustment of community and family re-integration, to establish the necessary service linkages to address identified risk/needs, and to ensure the delivery of prescribed services and supervision in the community. Placement in a specific program and/or service shall be based on the type of supervision required and an assessment of the individual needs of a youth.
2. **POLICY.** It is Departmental policy that each DJS Case Manager, assigned to perform the duties of an Aftercare Case Manager or Institutional Case Manager, shall provide aftercare supervision and program service delivery as articulated in this policy directive. To document the provision of aftercare supervision and services, a Case Manager shall develop and maintain a Treatment Service Plan (TSP) in accordance with Secretary's Directive **CJ-02-02, (Treatment Service Plan)**. Each Case Manager, Case Manager Supervisor, Assistant Area Director, Area Director, and Facility Administrator shall be held accountable for the proper implementation of aftercare programs and services for aftercare youth.
3. **PROGRAM OBJECTIVES.** The expected results of this policy are that DJS:
 - a. Prepares aftercare youth for progressively increased responsibility in the community;
 - b. Provides specialized intensive aftercare services for high risk/needs youth;
 - c. Ensures that all youth on aftercare supervision have an updated Treatment Service Plan (TSP) that includes a detailed account of treatment in the placement facility and an outline of services and activities that the youth and family may need for transition to the community;
 - d. Ensures that aftercare youth are provided with the necessary service linkages to meet individual treatment needs;
 - e. Develops and implements an aftercare model that emphasizes family involvement, wrap around services, and case management teamwork for high risk/needs youth; and
 - f. Instructs its staff on how to work with both the youth and targeted community support systems toward constructive interaction and the youth's successful

community reentry.

4. AUTHORITY.

- a. Annotated Code of Maryland, Article 83C, §§ 2-211; 2-218.
- b. Courts and Judicial Proceedings, § 3-8A-19.

5. DEFINITIONS.

- a. *Aftercare Case Manager* means a DJS employee who maintains an assigned case load of youth committed to or released from residential placement, and provides access to a wide range of services for a youth and his/her family.
- b. *Aftercare Case Staffing* means a process by which DJS staff, parents, youth, and other professionals meet to examine the risk and treatment needs of a particular youth and family, to develop a plan, and identify services to be delivered.
- c. *Case Manager Supervisor* means a DJS Supervisor I or II assigned to supervise a Case Manager and oversee case management functions.
- d. *Commitment Facility* means an out-of-home residential placement that is consistent with a youth's risk and particular treatment needs.
- e. *DHR* means the Department of Human Resources.
- f. *Electronic Monitoring* means a program by which an electronic transmitting device (generally attached to the wrists or ankles) is worn by a youth to monitor the youth's presence at a designated location.
- g. *Electronic Monitoring Staff* means a person designated by DJS to be responsible for the implementation of DJS's Electronic Monitoring Program.
- h. *Family Intervention Specialist* means a mental health professional who is a member of an Intensive Aftercare Team that provides access to a wide range of services to help identify and resolve problems which threaten youth and family functioning.
- i. *Institutional Case Manager* means a facility based staff person who ensures the implementation of a plan of positive social re-integration, accountability and competency development for youth who are placed in a committed facility.
- j. *Intensive Aftercare Program (IAP)* means a program designed to provide comprehensive supervision for high risk youth identified for residential placement by a risk/needs instrument.
- k. *Intensive Aftercare Team* means a group consisting of two (2) or more DJS Case Managers and Family Intervention Specialists who are assigned to provide intensive wrap around services for high risk youth at a two-to-thirty (2:30) ratio.
- l. *Liaison* means an Aftercare Case Manager for an Intensive Aftercare Team who functions as the intermediary and conduit of information between the commitment facility and the community.
- m. *MHA* means the Mental Health Administration.
- n. *Repository of Services* means an automated listing of residential and community based services.
- o. *Service Provider* means a program or vendor utilized to meet the treatment needs of a youth and his/her family.
- p. *Treatment Service Plan (TSP)* means a written plan which identifies the needs, the treatment objectives and service linkages provided to a youth. The plan is utilized

to make recommendations to the Court at disposition and at various stages of a youth's involvement with the Department.

6. ACTION REQUIRED.

a. General Procedures.

- (1) Aftercare services shall involve linkages with social networks, service agencies, and a variety of community support systems.
- (2) DJS shall provide comprehensive and intensive services via implementation of a ***TSP (Appendix 1)***, which includes provisions that address the following domain areas: *Somatic Health, Mental Health, Substance Abuse, Family Functioning, Education, and Cognitive Ability.*

b. Case Planning and Service Delivery.

- (1) The DJS Aftercare Case Manager shall:
 - (i) Develop and implement a TSP within twenty-five days (25) after disposition, with assistance and/or input from Collaborative Supervision and Focused Enforcement (CSAFE), Spotlight on Schools, or other DJS service initiatives, when appropriate;
 - (ii) Work in tandem with institutional Case Managers to implement TSPs for aftercare youth in placement and to implement a TSP for re-integration into the community;
 - (iii) Obtain parental input and supervisory approval for each case planning and service delivery decision rendered for an aftercare youth;
 - (iv) Use the Department of Juvenile Services' "Repository of Services" and collaborate with other agencies that have Repositories of Services and linking capabilities, such as the Office of Children Youth and Families (OCYF) and the Department of Human Resources (DHR), to establish the necessary linkages to public and private sector departments/organizations, and individuals in the community that can address a youth and family's treatment needs;
 - (v) Visit with aftercare youth in placement within thirty (30) days of admission to modify a TSP and determine a visiting schedule;
 - (vi) Visit with youth receiving intensive aftercare services according to Standard Operating Procedures for the Intensive Aftercare Program (IAP);
 - (vii) Update a TSP every ninety (90) days, or as necessary to reflect a change in an aftercare youth's status;
 - (viii) Advocate, in accordance with the Aftercare Standard Operating Procedures, for aftercare youth to be released from a secure residential facility or non-secure facility, and placed in a community based program where identified TSP goals can be achieved; and

- (ix) Forward to the court prior to a youth's reentry to the community, a TSP for each youth receiving intensive aftercare services as established by the IAP Standard Operating Procedures.

(2) The DJS Aftercare Case Manager Supervisor shall:

- (i) Ensure that all policies and procedures regarding service delivery are followed by each Case Manager under his/her supervision;
- (ii) Provide guidance and assistance to each Case Manager under his/her supervision in the development of a TSP; and
- (iii) Administratively review and sign each TSP.

c. Placement Recommendations/Commitment Staffing.

(1) The DJS Case Manager shall:

- (i) Convene, prior to disposition, an Aftercare Case Staffing as defined in this policy directive;
- (ii) Make the following materials available for the Aftercare Case staffing:
 - (a) Up to date information on family and community support;
 - (b) An updated reclassification risk/needs assessment;
 - (c) Field notes;
 - (d) The most recent TSP;
 - (e) Prior evaluations;
 - (f) Discharge summaries from previous service providers;
 - (g) Educational records;
 - (h) Medical records; and
 - (i) Other pertinent information;
- (iii) Determine the aftercare classification level that is most appropriate for the youth, based on his/her risk score;
- (iv) Refer youth classified as high risk/needs to the DJS Intensive Aftercare program (IAP);
- (v) Recommend to the court, when a youth is committed by the court, the most appropriate commitment placement level and treatment plan as determined at the case staffing;
- (vi) Ensure that a commitment packet is complete; and
- (vii) Provide a copy of a completed commitment packet to the Aftercare or Intensive Aftercare Case Manager and/or team identified during the case staffing.

(2) The DJS Case Manager Supervisor shall:

- (i) Ensure that the Aftercare Case Staffing process is followed by each Case Manager under his/her supervision; and
- (ii) Provide guidance and assistance, as needed, to each Case Manager under his/her supervision in the facilitation of the case staffing.

d. Transition Planning.

(1) Transition services for aftercare youth shall:

- (i) Commence upon admission to a commitment facility and continue until a youth is reintegrated into the community; and
- (ii) Consist of the coordination of:
 - (a) Transportation services,
 - (b) Planning and supervision by residential commitment facilities,
 - (c) Home visitations,
 - (d) Family intervention,
 - (e) Identification of projected support services,
 - (f) Planning for school and/or vocational training involvement and employment opportunities; and
 - (g) Identification of any required specialized community resources.

(2) The DJS Aftercare Case Manager shall:

- (i) Assist residential staff with the identification and development of supportive transitional and reentry goals as identified in the TSP;
- (ii) Assist the residential commitment facility by functioning as the liaison between the intensive aftercare youth, the institutional Case Manager, and the community resource provider(s);
- (iii) Identify, in conjunction with the commitment facility, any problems related to the youth's transition in areas related to the family, judicial orders, or outstanding charges;
- (iv) Determine if alternative living arrangements are required upon release from residential status (i.e., foster care, relative placement, independent living, interstate compact, etc.) and coordinate these arrangements in conjunction with the commitment facility;
- (v) Ensure, in conjunction with the commitment facility, the delivery of prescribed services and supervision while the youth is in the facility and upon return to the community;
- (vi) Ensure that transitional information is recorded in the appropriate sections of a TSP;
- (vii) Update the youth's TSP by documenting all transition services to be provided to the youth and family; and
- (viii) Facilitate the transition from residential to non-residential programming.

(3) The DJS Aftercare Case Manager Supervisor shall:

- (i) Ensure that a Case Manager provides transition planning for each aftercare youth under his/her supervision; and
- (ii) Provide guidance and assistance to Case Managers under his/her supervision as needed in the development of transition planning.

e. Supervision and Surveillance.

(1) The DJS Aftercare shall:

- (i) Ensure that youth who are unresponsive to aftercare supervision receive appropriate sanctions that may include increased levels of surveillance, drug testing, electronic monitoring, participation in more intensive levels of mandatory treatment or services, or other specified conditions as defined by DJS policy and procedure;
- (ii) Use a comprehensive system of graduated responses and rewards in holding youth accountable for adherence to monitoring and surveillance requirements as defined by the Aftercare Standard Operating Procedures;
- (iii) Apply with flexibility rewards and sanctions in response to the circumstances of each case; and
- (iv) Receive supervisory approval when making final determination of rewards and sanctions that fall outside of the schedule of rewards and responses defined by the Aftercare Standard Operating Procedures.

(2) The DJS Aftercare Manager Supervisor shall:

- (i) Ensure that all policies and procedures regarding supervision and surveillance are followed by each Case Manager under his/her supervision;
- (ii) Provide guidance and assistance to Case Managers under his/her supervision as needed in the determination of supervision and surveillance requirements; and
- (iii) Administratively review and monitor decisions pertaining to supervision expectations and requirements.

f. Intensive Aftercare Services.

(1) A youth eligible for Intensive Aftercare Services shall:

- (i) Be identified through a risk assessment tool and assigned to the IAP;
- (ii) Receive wrap-around services and be supervised by IAP teams of Case Managers;
- (iii) Receive aftercare planning, service delivery, and transitioning as outlined in sections 6.b., 6.c., 6.d., and 6.e.;
- (iv) Receive additional support from a master's level clinician (Family Interventionist Specialist) to enhance service delivery; and
- (v) Receive supervision through intense monitoring as articulated in the IAP Standard Operating Procedures.

(2) A DJS Intensive Aftercare Case Manager shall:

- (i) Perform aftercare duties according to the IAP Standard Operating Procedures;
 - (ii) Work in collaboration with community service providers in providing optimum service;
 - (iii) Develop and implement a TSP for positive social integration, accountability and character development;
 - (iv) Work as part of an IAP team to provide comprehensive aftercare services to youth and families;
 - (v) Work differential shifts that include evenings, weekends, nights, and some holidays; and
 - (vi) Document activities, actions, sanctions, rewards and all other pertinent information related to management of youth cases as required both electronically and in youth's case files.
- (3) The DJS Intensive Aftercare Team shall:
 - (i) Perform aftercare duties and responsibilities according to Standard Operating Procedures defined by DJS policy and procedure;
 - (ii) Work in collaboration with a commitment facility's residential staff, the youth's parent or guardian, and community resource groups to develop and implement a TSP;
 - (iii) Work with youth at a two-to-thirty (2:30) caseload ratio; and
 - (iv) Document activities, actions, sanctions, rewards and all other pertinent information related to management of youth cases as required both electronically and in youth's case files.
- (4) Electronic Monitoring Staff shall provide supervision for intensive aftercare youth as articulated in the IAP Standard Operating Procedures.
- (5) The Area Directors, Assistant Area Directors, and Case Manager Supervisors, respectively, shall:
 - (i) Be responsible for the administration, operation and management of the IAP;
 - (ii) Monitor the IAP to ensure that it is operating consistent with DJS policy and procedure; and
 - (iii) Collaborate with the courts, Mental Hygiene Administration (MHA), Department of Human Resource (DHR), Board of Education (BOE-), Law Enforcement and other community resource groups/agencies to provide support for the IAP.
- (6) DJS Area Directors shall submit to the Deputy Secretary of Restorative Justice Operations an IAP monthly report containing the following elements:
 - (i) The number of new program admissions;
 - (ii) The number of program terminations;

- (iii) The number of aftercare youth per team;
- (iv) The number of youth linked to community-based providers;
- (v) The number of program violations;
- (vi) The number of new arrests for aftercare youth;
- (vii) The number of aftercare youth detained;
- (viii) The number of new adjudications for aftercare youth;
- (ix) The number of youth employed or participating in a vocational/educational program; and
- (x) The IAP's accomplishments and obstacles.

7. EFFECTIVE DATE.

This directive is effective on 12/23/03 and shall remain in effect until rescinded by the Secretary or superceded by law or regulation.

8. DIRECTIVES /POLICIES AFFECTED.

- a. Directives /Policies Rescinded – **16.22 (Aftercare Case Management)**
- b. Directives/Policies Referenced – **CJ-2-02 (Treatment Service Plan)**

9. FAILURE TO COMPLY.

Failure to obey a Secretary's Directive issued with this document constitutes grounds for disciplinary action.

Approved: “/s/ signature on original copy”
Kenneth C. Montague, Jr.
Secretary

Appendices – 1

- 1. Treatment Service Plan and General Instructions

TREATMENT SERVICE PLAN (TSP)

GENERAL INSTRUCTIONS

A. Persons Required to Complete TSPs

All DJS Case Managers with the responsibility of supervising youth are required to complete TSPs. DJS Case Managers working in a residential facility are required to initiate TSPs for youth in detention pending adjudication. Additionally, DJS facility Case Managers are required to work in tandem with DJS Community Justice Case Managers to implement TSPs. DJS community justice Case Managers are required to initiate TSPs for adjudicated youth pending disposition. All DJS Case Managers are required to complete and implement TSPs for adjudicated youth following disposition.

B. When to Complete TSPs

Preliminary TSPs are initiated for youth in detention pending an adjudication hearing. Preliminary TSPs are initiated for adjudicated youth prior to disposition. TSPs are further developed, modified, and implemented within 25 days of a disposition hearing placing a youth on probation supervision or committing a youth for placement. TSPs must be updated at a minimal interval of 90-days, and as necessary to reflect a change in a youth's status. Any service rendered, or assessment conducted within six months of initiation of a TSP can be added if necessary.

C. Where to Get TSP Forms

A Treatment Service Plan (TSP) form is available in ASSIST. The first page of the TSP form is in "type over" mode, and underlines new text as added. Once the TSP form is generated, it is accessible at the Person View screen for the client by clicking on File/Doc Gen. The TSP form can be generated from the Folder Event List screen of any of the following types of ASSIST folders:

Aftercare	Investigation
Administrative	Probation
Community	Pre-court Supervision
Intake	Protective Supervision

Questions about generating the TSP document in ASSIST are handled by the IT Help Desk at (410) 230-3434.

D. Form Instructions

Date of Initiation

This is the date that preliminary TSP planning begins. For detention youth, this is prior to adjudication. For adjudicated youth who were not detained, this date is prior to disposition. This date will remain constant and serve as the introduction of service linkage and delivery.

Section I

(1) IDENTIFICATION (General information about the youth)

Youth's Name – Name of youth must be consistent with ASSIST record

Youth's D.O.B. – Must be consistent with ASSIST record

Youth's Social Security Number – Must be consistent with ASSIST record

Youth's Address – This is the youth's permanent address in the community

Youth's Phone Number – Must be consistent with ASSIST record

Youth's Medicaid/Insurance Number – This can be for a public or private health care provider

Primary Caregiver of Youth – This is the youth's parent or legal guardian

DJS ID Number – Youth's ASSIST number

Current Age – Age must be consistent with D.O.B.

Gender – Sex of child at birth

Race/Ethnicity – Only one category should be circled

(2) CASE INFORMATION (General information about the youth's case)

Residential Program – This is applicable to aftercare youth. This is the name of the residential facility that the youth is committed to

Scheduled Release Date – This is applicable to aftercare youth. This is the anticipated release date from a particular residential facility.

Institutional Case Manager – This is applicable to youth in detention and aftercare youth. This is the residential facility Case Manager. This person can be a non-DJS employee

Aftercare Case Manager – This is applicable to aftercare youth. This is the Case Manager assigned aftercare responsibilities for intensive or standard supervision.

Tracker/Monitor – This is applicable to aftercare youth. This is the Case Manager assigned aftercare responsibilities for intensive supervision

Community Case Manager – This is the Case Manager assigned probation responsibilities or aftercare responsibilities upon a youth's return to the community from a residential placement.

Electronic Monitoring/Tracker – This is the Case Manager assigned supervision responsibilities through the Community Detention Program.

Family Intervention Specialist – This is the mental health professional assigned clinical responsibilities for the youth and family.

Initial Risk/Need Score – These are the initial scores used to determine level of care and supervision status. These scores are based on a validated risk/need instrument.

Supervision Level – The level of contact varies depending on the youth's supervision status. A DJS classification system and SOPs for aftercare guide supervision levels.

Phone Number(s) – Can be office numbers and/or cellular phone numbers.

Section II

(1) ASSESSMENTS

This section must include any assessment completed on a youth at the time of initiation of the TSP form, and/or at any point thereafter. When a new assessment is conducted, all pertinent information must be added. The assessment section determines the type of need and dictates the type of service linkage(s).

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1st Column – This is the actual date that an assessment was conducted.

2nd Column – The type of assessment must be identified. The assessment can be DJS initiated (i.e., Stage I or Stage II assessments) or from outside entities such as mental health agencies, substance abuse programs, educational departments, or court ordered psychiatric/psychological testing.

3rd Column – All subsequent follow-up assessment dates must be noted.

(2) IDENTIFIED NEEDS

This section pertains to needs identified (via assessments) at the time of initiation of the TSP form and/or at any point thereafter. This section must be added to or modified whenever a new assessment is conducted.

1st Column – The “type of need” identified should be consistent with the following domain areas: Education, Mental Health, Substance Abuse, Physical Health, Cognitive Awareness, and Family Services. Specifically, the aforementioned domain areas should be included in the “type of need” column.

2nd Column – This section refers to anticipated service delivery. The specificity of a service will be further elaborated on in one of the domain sections of the form. Thus, any information included in this section should be brief.

Section III

(1) EDUCATIONAL SERVICES

Educational services include, but are not limited to, any current private and/or public school program (full or part-time), alternative program, vocational program, GED program, ROTC program, tutoring program, or college.

If a youth is participating in a particular education program, or is slated to be admitted into a particular education program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, the educational program at said facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, educational services should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs identified as “transition services” should be recorded in the main educational service chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording educational services.

1st Column – “Place of Service” refers to whether or not a youth is participating in an educational program in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific educational program name.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria] or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends participating in a particular program (can be an estimate if the exact hours are not known or vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **EDUCATIONAL GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the education program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that an education program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of an education program that is brokered from the community to a residential facility.

Section IV

(1) MENTAL HEALTH SERVICES

Mental health services include, but are not limited to, any individual and/or group counseling service (public or private/inpatient or outpatient) for a psychological, psychotic, or neurological disorder.

If a youth is receiving a particular mental health service, or is slated to be admitted into a particular mental health program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, the mental health services at said facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, mental health services should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs identified as “transition services” should be recorded in the “mental health service” chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording mental health services.

1st Column – “Place of Service” refers to whether or not a youth is receiving mental health services in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific mental health service group or program.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria] or (5) youth refused/no show. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **MENTAL HEALTH GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the mental health service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that a mental health service or program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a mental health service or program that is brokered from the community to a residential facility.

Section V

(1) SUBSTANCE ABUSE SERVICES

Substance abuse services include, but are not limited to, any individual and/or group counseling service (public or private/outpatient or inpatient) for youth diagnosed with chemical dependency or in need of substance abuse education, testing, and/or prevention classes.

If a youth is participating in a substance abuse program, or is slated to be admitted into a substance abuse program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, substance abuse services offered at said facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, substance abuse services should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “substance abuse service” chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording substance abuse services.

1st Column – “Place of Service” refers to whether or not a youth is receiving substance abuse services in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to a specific substance abuse program or service.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular substance abuse service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **SUBSTANCE ABUSE GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the substance abuse service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that a service or program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a substance abuse service or program that is brokered from the community to a residential facility.

Section VI

(1) PHYSICAL HEALTH SERVICES

Physical health services include any healthcare treatment or physical therapy for chronic or minor physical ailments (public or private/outpatient or inpatient).

If a youth is participating in physical therapy or seeing a doctor for a physical ailment, the specifics of his/her treatment should be documented in this section. For youth admitted to a hospital for treatment, services rendered at a particular facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, treatment services for physical ailments should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “physical health services” section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording physical health services.

1st Column – “Place of Service” refers to whether or not a youth is receiving physical healthcare in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific physical health program or service.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular healthcare service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **PHYSICAL HEALTH SERVICES GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the physical health service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that a physical health service or program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a physical health service or program that is brokered from the community to a residential facility.

Section VII

(1) COGNITIVE AWARENESS PROGRAMMING

Cognitive Programming includes, but is not limited to, life skills training, Moral Reconciliation Therapy (MRT), Victim Awareness Education Program (VAEP), anger management training, mentoring programs, gender specific programs, automobile theft programs, and shoplifting abatement classes.

If a youth is participating in a cognitive awareness program, or is slated to be admitted into a specific program, the details of his/her service requirements should be documented in this section. In anticipation of an aftercare youth’s reentry to the community, cognitive awareness programming should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “cognitive programming” section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording cognitive awareness programming.

1st Column – “Place of Service” refers to whether or not a youth is participating in a cognitive awareness program in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific cognitive awareness program.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility]

criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **COGNITIVE AWARENESS PROGRAMMING GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that the goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a particular program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the education program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that an education program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of an education program that is brokered from the community to a residential facility.

Section VIII

(1) FAMILY SERVICES

Family services are those programs designed to improve the youth’s global functioning in his home and community, and to increase family well being. These are programs that enable families and children to live in a safe and nurturing environment, and provide a wide range of services to help identify and resolve problems which threaten family and individual functioning. Family services include, but are not limited to, family counseling, parenting classes, individual therapy for family members (including siblings), and self-help groups for parents.

The first part of this section is used to briefly define the statement/condition that a parent must change in order to alleviate any risk(s) to the child. Essentially, the statement/condition noted will indicate the type of services /goals that will be outlined in the service delivery segment.

If a youth and/or family member is participating in a program to enhance family functioning, or is slated to be admitted into a specific program, the details of service requirements should be documented in this section. In anticipation of an aftercare youth’s reentry to the community, services to enhance family functioning should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “family services” section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording family services.

1st Column – “Place of Service” refers to whether or not a youth and his family are receiving family support, or participating in a family service program, in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to a specific family service or program name.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth and/or his family spend receiving family services or participating in a specific program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) FAMILY SERVICES GOALS – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (2) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. Upon discharge from a particular program, “transition services” should be recorded in the main service chart. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.”

1st Column – “Program Name” refers to the family service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that service program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a service or program that is brokered from the community to a residential facility.

Section IX

- (1) GRADUATED RESPONSES

Violations and Sanctions

This section is used to document and hold youth accountable for non-compliance of court-ordered conditions, program expectations, and/or supervision requirements.

1st Column – This is the date that an event/activity occurs.

2nd Column – “Type of Violation” refers to any instance of or non-compliance to program expectations/supervision requirements according to DJS policy. All violations should be recorded from the time

of a youth's initial involvement with DJS through termination of legal jurisdiction, regardless of the nature of the act or particular offense. Violations must be recorded in the order of occurrence.

3rd Column – “Sanction” refers to the response to any instance of non-compliance to program expectations/supervision requirements. An imposed sanction must be attached to all recorded violations from the time of a youth's initial involvement with DJS through termination of legal jurisdiction, regardless of the nature of the act or particular offense. Sanctions must be recorded in the order that they are administered.

Positive Adjustment & Rewards

This section is used to document rewards and incentives given to youth for adhering to court-ordered conditions, program expectations, and/or supervision requirements.

1st Column – This is the date that an event/activity occurs.

2nd Column – “Type of Positive Adjustment” refers to any instance of positive compliance to program expectations/supervision requirements in accordance to DJS policy and court conditions. All positive adjustments should be recorded from the time of a youth's initial involvement with DJS through termination of jurisdiction.

3rd Column – “Reward” refers to any activity, event, or acknowledgment given to a youth for a positive adjustment. A reward should be attached to all recorded positive adjustment instances, from the time of a youth's initial involvement with DJS through termination of legal jurisdiction. Rewards should be recorded in the order that they are given.

Section X

(1) SUPERVISION REQUIREMENTS

This section refers to Court ordered conditions and/or service guidelines as defined by Departmental operating procedures.

Code as Follows – *Type of Supervision, Type of Termination, Supervision Requirements* - Codes used in recording supervision requirements.

1st Column – “Date” is the actual date that information is being inputted.

2nd Column – “Type of Supervision” is the supervision status of adjudicated youth under jurisdiction of the Department. There are five possible options for supervision type: (1) intensive aftercare, (2) aftercare, (3) probation [low], (4) probation [med] (5) probation [high]. Only one of the aforementioned numbers will be recorded in this column.

3rd Column – “Supervision Requirements” are special conditions or restrictions established by the Court or DJS operating procedures. There are six possible options for supervision requirements: (1) evening reporting center, (2) electronic monitoring, (3) curfew, (4) drug testing (5) community service, and (6) restitution. Only one of the aforementioned numbers will be recorded in this column.

4th Column – “Frequency of Contacts” are the number of required face-to-face visits, telephoning, or days of reporting for a particular supervision requirement.

5th Column – “Date of Termination” is the actual date that a reporting requirement is no longer necessary.

6th Column – “Type of Termination” is the reason for the discontinuation of a reporting requirement. There are six possible options for termination type: (1) successful, (2) inter-state compact, (3) waiver of jurisdiction, (4) transfer of jurisdiction, (5) age of majority, (6) other. Only one of the aforementioned numbers will be recorded in this column. If category (6) is selected an explanation should follow.

Signatures

(1) SIGNING THE DOCUMENT

The TSP signature page should be signed by all involved parties and dated on the day of initiation. It may be given to a youth or parent upon request. All subsequent modifications or additions (as required by DJS policy) should be initialed and dated by the youth, the parent/guardian and all involved parties, as necessary. Initialing an addition or modification can be included on the signature page or on the particular page where the addition or modification is made.

If a parent/guardian refuses to sign the TSP it should be noted with an explanation (if known or available).

***Department of Juvenile Services
Restorative Justice Operations***

Treatment Service Plan (TSP)

Date of Initiation: ____/____/____

SECTION I

1. Identification

Youth's Name: _____

DJS ID#: _____

Youth's D.O.B.: ____/____/____

Current Age: ____

Youth's SS#: _____

Gender: M F

Youth's Address: _____

Race/Ethnicity:
1. Caucasian
2. African American
3. Hispanic/Latino
4. Asian/Pacific Islander
5. Native American
6. Other : _____

Youth's Phone #: _____

Youth's Medicaid/Insurance #: _____

Primary Caregiver of Youth: _____

2. Case Information

* Residential Program: _____

* Scheduled Release Date: _____

* Institutional Case Manager: _____

Phone #: _____

* Aftercare Case Manager: _____

Phone #: _____

* Tracker Monitor: _____

Phone #: _____

Community Case Manager: _____

Phone #: _____

Electronic Monitoring Tracker: _____

Phone #: _____

Family Intervention Specialist _____

Phone#: _____

Initial Risk/Need Score: _____

Supervision Level: _____

*** Only applies to Aftercare youth**

SECTION II

ASSESSMENTS

'Type' refers to: risk/need assessment, psychological and/or psychiatric evaluation, drug assessment (e.g., SASSI), educational evaluation (e.g., WRAT), progress assessment, etc.

Date	Type & Name	Date of Next Assessment

Code as follows:

Type of Need

- | | |
|--------------------|--------------------|
| 1. Education | 4. Physical Health |
| 2. Mental Health | 5. Life Skills/MRT |
| 3. Substance Abuse | 6. Family |

Identified Needs *(as identified by Assessment)*

Type of Need	Briefly describe anticipated programming requirements (include details in applicable sections)

SECTION III

EDUCATIONAL SERVICES

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Educational Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

**** Transition Services***

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION IV

MENTAL HEALTH SERVICES

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Mental Health Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

*** Transition Services**

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

Revised September 2003

SECTION V

SUBSTANCE ABUSE SERVICES

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Substance Abuse Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

*** Transition Services**

Program Name	Date Contacted	Service Provided in Facility

- **Only applies to Aftercare youth**

SECTION VI

PHYSICAL HEALTH SERVICES

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Physical Health Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

* Transition Services

Program Name	Date Contacted	Service Provided in Facility

- Only applies to Aftercare youth

SECTION VII

COGNITIVE AWARENESS PROGRAMMING

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Cognitive Awareness Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

*** Transition Services**

Program Name	Date Contacted	Service Provided in Facility

- **Only applies to Aftercare youth**

SECTION VIII

FAMILY SERVICES

Statement/Condition that the youth's parent must change in order to alleviate any risks to the child:

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Family Services Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

Transition Services

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION IX

GRADUATED RESPONSES

Violation & Sanctions

Date	Type of Violation	Sanction

Positive Adjustment & Rewards

Date	Type of Positive Adjustment	Reward

NOTES:

SECTION X

SUPERVISION REQUIREMENTS

Code as follows:

Type of Supervision

1. Intensive Aftercare
2. Aftercare
3. Probation (Low)
4. Probation (Moderate)
5. Probation (High)
6. Administrative
7. Secondary

Supervision Requirements (one entry per line)

1. Evening Reporting Center
2. Electronic Monitoring
3. Curfew
4. Drug Testing
5. Community Service
6. Restitution

Type of Termination

1. Successful
2. Inter-state Compact
3. Waiver of Jurisdiction
4. Transfer of Jurisdiction
5. Age of Majority
6. Other (specify)

Date	Type of Supervision	Supervision Requirements	Frequency of Contact	Date of Termination	Type of Termination

*** Signing this document indicates agreement with this Treatment Service Plan ***

Youth: _____	_____	Date: _____
	Signature Initials	
**Parent/Guardian: _____	_____	Date: _____
	Signature Initials	
* Residential Case Manager: _____	_____	Date: _____
	Signature	
* Aftercare Case Manager: _____	_____	Date: _____
	Signature	
Community Case Manager: _____	_____	Date: _____
	Signature	
Case Manager Supervisor: _____	_____	Date: _____
	Signature	
Family Intervention Specialist _____	_____	Date: _____
	Signature	

****STATEMENT OF CIRCUMSTANCE AS TO WHY PARENT/GUARDIAN IS UNAVAILABLE OR REFUSES TO SIGN:**

*** *Only applies to Aftercare youth***



**MARYLAND DEPARTMENT OF JUVENILE SERVICES
EMPLOYEE STATEMENT OF RECEIPT
(SECRETARY'S DIRECTIVE)**

OPI: Office of Restorative Justice Operations
NUMBER: CJ-1-03
EFFECTIVE DATE: December 23, 2003
SUBJECT: Aftercare Policy

I have received one (1) copy (electronic or paper) of the Secretary's Directive as titled above.

SIGNATURE

PRINTED NAME

DATE

***(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR FOR FILING
WITH PERSONNEL, AS APPROPRIATE.)***